

A/DAC

Please type a plus sign (+) inside this box → ☒Approved for use through 09/30/2000. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.UTILITY
PATENT APPLICATION
TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. _____
First Inventor or Application Identifier Kenneth E. Sherman
Title Composition and Method of Treating Hepatitis
Express Mail Label No. _____

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 202311. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)2. ☒ Specification [Total Pages 21]

(preferred arrangement set forth below)

- Descriptive title of the invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)

3. ☐ Drawing(s) (35 U.S.C. 113) [Total Sheets ☐4. Oath or Declaration [Total Pages ☐a. ☐ Newly executed (original or copy)b. ☒ Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)

- i.
- ☐
- DELETION OF INVENTOR(S)
-
- Signed statement attached deleting
-
- inventor(s) named in the prior application,
-
- see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

*** NOTE FOR ITEMS 1 & 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY
FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT
IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).**5. ☐ Microfiche Computer Program (Appendix)6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)a. ☐ Computer Readable Copyb. ☐ Paper Copy (identical to computer copy)c. ☐ Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. ☐ Assignment Papers (cover sheet & document(s))8. ☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of
(when there is an assignee) ☐ Attorney9. ☐ English Translation Document (if applicable)10. ☐ Information Disclosure ☐ Copies of IDS
Statement (IDS)/PTO-1449 ☐ Citations11. ☐ Preliminary Amendment12. ☐ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)13. ☐ * Small Entity ☐ Statement filed in prior application,
Statement(s) ☐ Status still proper and desired
(PTO/SB/09-12)14. ☐ Certified Copy of Priority Document(s)
(if foreign priority is claimed)15. ☐ Other: _____

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: 08 / 844,349Prior application information: Examiner Jay Williams Group / Art Unit: 1643

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

Name	<u>Maria H. Sjogren, M.D., MC, Col. USA</u>				
	<u>Chief, Department of Clinical Investigation</u>				
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Country	<u>USA</u>	Telephone	<u>(202) 782-7859</u>	Fax	<u>(202) 782-3881</u>

Name (Print/Type) Werten F.W. BellamyRegistration No. (Attorney/Agent) 27.029Signature Werten F.W. BellamyDate 4/5/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

Patent fees are subject to annual revision on October 1.

These are the fees effective October 1, 1997.

Small entity payments must be supported by a small entity statement.
Other large entity fees must be paid. See Forms PTO/SB/09-12.
See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	08/844,349
Filing Date	4/21/97
First Named Inventor	Kenneth E. Sherman
Examiner Name	Jay Williams
Group / Art Unit	1643
Attorney Docket No.	

METHOD OF PAYMENT (check one)

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number
Deposit
Account
Name

21-0039

Uniformed Services Univ.

Charge Any Additional
Fee Required Under
37 C.F.R. §§ 1.16 and 1.17Charge the Issue Fee Set in
37 C.F.R. § 1.18 at the Mailing
of the Notice of Allowance

- 2.
- ☐
- Payment Enclosed:

☐ Check ☐ Money
Order ☐ Other**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 790	201 395		Utility filing fee	760
106 330	206 165		Design filing fee	
107 540	207 270		Plant filing fee	
108 790	208 395		Reissue filing fee	
114 150	214 75		Provisional filing fee	

SUBTOTAL (1) (\$) 760

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
24	20** = 4	44	
3	3** = 0	0	
Multiple Dependent			

**or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description
103 22	203 11		Claims in excess of 20
102 82	202 41		Independent claims in excess of 3
104 270	204 135		Multiple dependent claim, if not paid
109 82	209 41		** Reissue independent claims over original patent
110 22	210 11		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$) 804

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet.	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 950	217 475	Extension for reply within third month	
118 1,510	218 755	Extension for reply within fourth month	
128 2,060	228 1,030	Extension for reply within fifth month	
119 310	219 155	Notice of Appeal	
120 310	220 155	Filing a brief in support of an appeal	
121 270	221 135	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,320	241 660	Petition to revive - unintentional	1210
142 1,320	242 660	Utility issue fee (or reissue)	
143 450	243 225	Design issue fee	
144 670	244 335	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Petitions related to provisional applications	
126 240	126 240	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	
146 790	246 395	Filing a submission after final rejection (37 CFR 1.129(a))	
149 790	249 395	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify) _____			
Other fee (specify) _____			
* Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) (\$) 2014			

SUBMITTED BYTyped or
Printed Name Werten F.W. Bellamy

Signature

Werten F.W. Bellamy

Date

4/6/00

Complete (if applicable)

Reg. Number 27,029

Deposit Account: 9912
User ID

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